| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Docket Number Filing Date 09/483,469 01/14/20 | | | | To be Mailed | |
|---|--|---|---|---|--------------|--|-----|--|---|----|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY | | | | HER THAN | |
| | FOR | N | NUMBER FILED | | NUMBER EXTRA | | П | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | 1 | N/A | | 1 | N/A | | |
| | SEARCH FEE (37 CFR 1.16(k), (i), | or (m)) | N/A | | N/A | | | N/A | | | N/A | | |
| | EXAMINATION FE (37 CFR 1.16(o), (p), | | N/A | | N/A | | l | N/A | | | N/A | | |
| | FAL CLAIMS CFR 1.16(i)) | | minus 20 = | | • | | | x \$ = | | OR | x \$ = | | |
| | EPENDENT CLAIM CFR 1.16(h)) | | minus 3 = | | ٠ | | | x \$ = | | | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addi | If the specification and dra sheets of paper, the applic is \$250 (\$125 for small en additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and | | | ation size fee due lity) for each ction thereof. See | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | | 1 | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | TOTAL | |] | TOTAL | | |
| APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) | | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| AMENDMENT | 05/21/2007 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.16(i)) | - 26 | Minus | ·· 41 | | = 0 | | x \$ = | | OR | X \$50= | 0 | |
| | Independent (37 CFR 1,16(h)) | • 2 | Minus | 4 | | = 0 | | x \$ = | | OR | X \$200= | 0 | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| ` | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIC PAID I | BER | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1,16()) | * | Minus | ** | | - | | x \$ = | | OR | x s = | | |
| | Independent (37 CFR 1.16(h)) | • | Minus | *** | | - | | x \$ = | | OR | x \$ = | | |
| Ш | Application Size Fee (37 CFR 1.16(s)) | | | | | | 1 | | | | | | |
| ΑM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j)) | | | | | | | | | OR | | | |
| | | | | | | | - ' | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| ** If | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by \$5 U.S.C. 122 and \$7 CFR.114. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Any comments on the Amount of time you Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.